



NEW MEXICO
PUBLIC SCHOOLS INSURANCE AUTHORITY

Cannon Cochran Management Services, Inc.

Claims Administrator
P.O. Box 30870
Albuquerque, New Mexico 87190-0870
800-635-0679 505-837-8700
505-888-6794 Fax

CONFIDENTIAL, THIS REPORT IS NOT TO BE RELEASED TO PARENT AND /OR STUDENTS

The school employee either witnessing the accident or supervising at the time
Should complete and submit this form within 24 hours

IN CASE OF SERIOUS INJURIES, A TELEPHONE REPORT IS TO BE MADE IMMEDIATELY

1. School District Poioaque Valley Schools
2. School PVHS Address 1574 SR 502 Santa Fe NM
3. Students Name Johnny S DOB 11-15-1993 Grade 11
4. Student's Address 47 Cowboy Lane Arroyo Seco 87532
Telephone Number 795-9651
5. Where did accident occur? Teachers Parking lot Date 9-9-10 Time 12:00 noon
6. Describe how accident occur? Walkdog towards dads car
7. Who was the person in charge at time of the accident? Timothy Trujillo IA
Was he/she present at the time? ☒ Yes ☐ No Did the injured violate any schools rule? ☐ Yes ☒ No
8. Witnesses: Juan Salgado Witness: _____
Address: same as students Address: _____
Phone: _____ Phone: _____
9. Apparent Nature of Injury: _____ 10. Injured Part of Body: Indicate R/L
☐ Abrasion ☐ Fracture ☐ Strain/Sprain ☒ Head ☐ Finger ☐ Arm ☐ Rib
☐ Contusion ☐ Cut ☐ Dislocation ☐ Face ☐ Eye ☐ Leg ☐ Wrist
☐ Internal ☒ Concussion ☒ Other ☐ Thumb ☐ Back ☐ Chest ☒ Tooth ☐ Chin
11. First aid procedures used 911 dispatch/VS monitor / ice By Whom: School Nurse
12. Disposition of Injured after accident- Class ☐ Home ☐ Doctor ☐ Hospital Espanola
13. Who was notified? Dad (present) Relationship to Injured student Father
14. If injured student left school, to whom released? Ambulance
15. Name and attitude of anyone contacting school _____
16. Student accident benefits available? Name of company _____
17. Remarks: _____
18. Reports Complete by MC / D. Quintana Approved _____ Date 9-9-10

